

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90027 044 ***150.00

0432184

DOCUMENT # F97000002027

1. Entity Name

MARK S. COLBURN, D.D.S., P.C.

Principal Place of Business

1205 PENNSYLVANIA AVE
ST. CLOUD FL 34769
US

Mailing Address

1470 ELDRA DRIVE
KISSIMMEE FL 34744

00040337



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

1320 Neptune Road

Suite, Apt. #, etc.

City & State

Kissimmee, FL

4. FEI Number **42-1172252**

Applied For
Not Applicable

Zip Country

34744 USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HAYES, ROBERT S ESQ
441 W. VINE STREET
KISSIMMEE FL 34741**

7. Name and Address of New Registered Agent

Name **Mark S. Colburn, D.D.S., P.C.**
Street Address (P.O. Box Number is Not Acceptable)
1470 Eldra Drive
City **Kissimmee** **FL** Zip Code **34744**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **Mark S. Colburn DDS, PC**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PC** ☐ Delete
NAME **COLBURN, MARK S**
STREET ADDRESS **1470 ELDRA DRIVE**
CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PC** ☒ Change ☐ Addition
NAME **Colburn, Mark S.**
STREET ADDRESS **1320 Neptune Road**
CITY-ST-ZIP **Kissimmee, FL 34744**

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Mark S. Colburn DDS, PC**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)